

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/980716

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		2		2		2	53						
4		2		2		2	54						
5		2		2		2	55						
6		2		2		2	56						
7		2		2		2	57						
8		2		2		2	58						
9		2		2		2	59						
10		2		2		2	60						
11		2		2		2	61						
12		2		2		2	62						
13		2		2		2	63						
14		2		2		2	64						
15		2		2		2	65						
16		2		2		2	66						
17		2		2		2	67						
18		2		2		2	68						
19	1		1				69						
20		1		1		1	70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	1	2	1	1	1	TOTAL IND.						
TOTAL DEP.	19	1	18	1	47	1	TOTAL DEP.						
TOTAL CLAIMS	21		20		48		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS